

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

519

00540

CERTIFICATE OF DEATH

Reg. Dist. No. 116

Item 9, FilmG193 2-24-56 et

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (HOME) OF DECEASED | |
| COUNTY CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) | Dorchester | MARYLAND LENGTH OF STAY (In this place) | STATE Maryland COUNTY Dorchester CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RFD # 3, Cambridge, Md. (If rural give location) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | Cambridge Maryland Hospital | | |
| 3. NAME OF DECEASED (Type or Print) | | (First) John Mc Gregor Barnes | (Middle) (Last) |
| 5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH 3-5-1899 |
| 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY Radiology | 11. BIRTHPLACE (State or foreign country) Washington, D. C. |
| 13. FATHER'S NAME Noble Barnes | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) unk | | 16. SOCIAL SECURITY NO. None | 14. MOTHER'S MAIDEN NAME Isabelle Mc Gregor |
| 17. INFORMANT & ADDRESS RFD # 3, Cambridge, Md. | | 18. MEDICAL CERTIFICATION <i>Coronary Infarction late & Old</i> <i>Arterosclerotic Cardiovascular Disease</i> <i>Encephalomalacia</i> | |
| 19a. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | | INTERVAL BETWEEN ONSET AND DEATH 5 min - 2 yrs. | |
| 19b. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Pneumonia</i> | | 3 yrs. 3 yrs. | |
| 19c. DATE OF OPERATION | | 19d. MAJOR FINDINGS OF OPERATION <i>Pneumonia</i> | |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from <i>Sept 8, 1954</i> , to <i>Jan 1, 1956</i> , that I last saw the deceased alive on <i>Jan 1, 1956</i> , and that death occurred at <i>4:28 AM</i> , from the causes and on the date stated above. SIGNATURE <i>John Barnes</i> M. D. | | ADDRESS (Street, city, town, state) <i>Cambridge</i> DATE SIGNED <i>1-1-56</i> | |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation | DATE THEREOF 1-1-56 | NAME OF CEMETERY OR CREMATORIAL William Lee's Sons | LOCATION (City, town, or county) (State) Washington, D.C. |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE John T. Hale, Jr. D.O. | 25. FUNERAL DIRECTOR'S SIGNATURE Le Compte Funeral Service, Cambridge, Md. | ADDRESS | |
| DATE <i>Jan 9, 1956</i> | per J. T. Hale | | |

DEPARTMENT OF JUSTICE - FEDERAL BUREAU OF INVESTIGATION

CERTIFICATE OF SEATH

RECEIVED

JAN 6 1950

U. S. DEPARTMENT OF JUSTICE

BUREAU U. S.

JAN 6 1950

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00511
520 CERTIFICATE OF DEATH

Reg. Dist. No. 116

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH: | | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| COUNTY <i>Dorchester</i> | MARYLAND | STATE <i>Maryland</i> | COUNTY <i>Dorchester</i> |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) <i>Cambridge</i> | | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Cambridge</i> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>9 School House Lane</i> | | STREET ADDRESS <i>9 School House Lane</i> | |
| 3. NAME OF DECEASED: (Type or Print) | (First) <i>Rachel</i> | (Middle) <i>Bishop</i> | (Last) <i>Bishop</i> |
| 4. SEX: Female | 6. COLOR OR RACE: <i>Negro</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>Single</i> | 8. DATE OF BIRTH: <i>Sept. 29, 1900</i> |
| 9. AGE last birthday 55 yrs. | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <i>laborer</i> | 10B. KIND OF BUSINESS OR INDUSTRY: <i>Food Packing</i> | 11. BIRTHPLACE (State or foreign country): <i>Dorchester-Co-Md.</i> |
| 12. CITIZEN OF WHAT COUNTRY? <i>USA</i> | 13. FATHER'S NAME: <i>James Bishop</i> | | |
| 14. MOTHER'S MAIDEN NAME: <i>Rachel Bishop</i> | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>unk</i> | | |
| 16. SOCIAL SECURITY NO. | | | 17. INFORMANT & ADDRESS: |
| 18. MEDICAL CERTIFICATION | | | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | |
| IMMEDIATE CAUSE <i>443X</i> (A) DUE TO <i>Cardiac Decompensation</i> | | | |
| ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO <i>Hypertensive Cardiovascular Disease</i> | | | |
| (C) | | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | |
| 19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID (City or town) INJURY OCCUR? |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>M.</i> | | 21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from Jan. 14, 1956, to Jan. 21, 1956, that I last saw the deceased alive on Jan. 21, 1956, and that death occurred at M, from the causes and on the date stated above. SIGNATURE <i>J. Edwin Fassett</i> ADDRESS DATE SIGNED <i>1-25-56</i> | | | |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i> | DATE THEREOF <i>1-28-56</i> | NAME OF CEMETERY OR CREMATORIUM <i>Taylors Island Cemetery</i> | LOCATION (City, town, or county) (State) <i>Taylors Island, Md.</i> |
| DATE REC'D BY LOCAL REGISTRAR <i>Jan. 21, 1956</i> | REGISTRAR'S SIGNATURE <i>John May Jr. D.</i> | 24. FUNERAL DIRECTOR H. M. St. Clair, Jr., High St-Camb. Md. | ADDRESS |

BUREAU V. S.
JAN 30 1956
RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00512

521

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

COUNTY

Dorchester

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN Cambridge

LENGTH OF STAY
(in this place)

2 years.

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

90

Gloucester Nursing Home

3. NAME OF
DECEASED:
(Type or Print)

(First) George B.

(Middle)

(Last)

Blake

4. SEX:

male

6. COLOR OR

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.

RACE

white

black

8. DATE OF BIRTH

Nov 13, 1875

10A. USUAL OCCUPATION (Give kind of
work done during most of working life.)

Team Cook Manager

Team Cook Manager

10B. KIND OF BUSINESS
OR INDUSTRY:

Team Cook Manager

13. FATHER'S NAME:

Theodore Blake

14. MOTHER'S MAIDEN NAME:

Laurene N. Berry

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY,

GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST.

19. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year) (Hour)

OF INJURY

21E. INJURY OCCURRED

While Not while at work at work M.

21F. HOW DID INJURY OCCUR?

M. M.

BUREAU V. S

JAN 18 1956

RECEIVED

BUREAU V. S.

JAN 18 1955

RECEIVED

523

CERTIFICATE OF DEATH

Reg. Dist. No. 116

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH: | | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN | Dorchester MARYLAND Cambridge | STATE Maryland COUNTY Dorchester CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge | (If rural give location) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | Cambridge Md Hospital | | |
| 3. NAME OF DECEASED: (Type or Print) | (First) Russell | (Middle) Leon | (Last) Brown |
| 4. DATE (Month) OF DEATH: 1 | (Day) 17 | (Year) 1956 | |
| 5. SEX: Male | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED. WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: January 1, 1901 |
| 9. AGE last birthday yrs. 54 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10B. KIND OF BUSINESS OR INDUSTRY: Food Packing | 11. BIRTHPLACE (State or foreign country): Dorchester-Co-Md |
| 12. CITIZEN OF WHAT COUNTRY? USA | 13. FATHER'S NAME: Stephen Brown | | |
| 14. MOTHER'S MAIDEN NAME: Emily Stevens | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) unk | | |
| 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Elsie Brown, R.F.D.#2, Cambridge, Md. | | |
| 18. MEDICAL CERTIFICATION | | | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | |
| IMMEDIATE CAUSE <i>420.1</i> | (A) DUE TO | Acute Myocardial infarction | |
| ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST. | (B) DUE TO | Coronary Heart Disease | |
| | (C) DUE TO | Massive Pulmonary Edema | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | |
| 19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID (City or town) INJURY OCCUR? | (County) (State) |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | 21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from Jan. 10, 1956, to Jan. 17, 1956, that I last saw the deceased alive on Jan 17, 1956 and that death occurred at M, from the causes and on the date stated above. SIGNATURE <i>J. Edwin Fassett</i> DATE SIGNED | | | |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 1-22-56 | NAME OF CEMETERY OR CREMATORIAL Linas Road Cemetery | LOCATION (City, town, or county) (State) Linas Road-Dor-Md. |
| DATE REC'D BY LOCAL REGISTRAR Jan. 20, 1956 | REGISTRAR'S SIGNATURE <i>John H. Fassett, M.D.</i> | 24. FUNERAL DIRECTOR H. M. St. Clair, Jr., -High St-Camb., Md. | |

BUREAU V. S

JAN 26 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 116

1. PLACE OF DEATH:

COUNTY Dorchester

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN Cambridge, RuralLENGTH OF STAY
(in this place)
2 yearsHOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Cambridge, R.D. 1

3. NAME OF
DECEASED:
(Type or Print)

(First) Thomas

(Middle) Ryan

(Last) Coates

5. SEX:
Male6. COLOR OR
RACE:
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): Married8. DATE OF BIRTH:
Oct. 5, 18884. DATE
OF
DEATH Jan. 21, 1956 199. AGE last birthday:
67 yrs.IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired Machinist

10b. KIND OF BUSINESS OR
INDUSTRY:11. BIRTHPLACE (State or foreign country):
Buena Vista, Pa.12. CITIZEN OF WHAT
COUNTRY?
U.S.

13. FATHER'S NAME:

Joseph Coates

14. MOTHER'S MAIDEN NAME:
Hannah Logan15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.:
no 169-01-344917. INFORMANT & ADDRESS:
R.D. 1
Mrs. Bessie F. Coates, Cambridge, Md.18. MEDICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:427.1
Immediate cause

(a) DUE TO

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating underlying cause last(b)
DUE TO
(c)INTERVAL BETWEEN
ONSET AND DEATHII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No

(State)

21a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING
CAUSE OF DEATH.21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.,
INJURY)

21c. (City or town) (County)

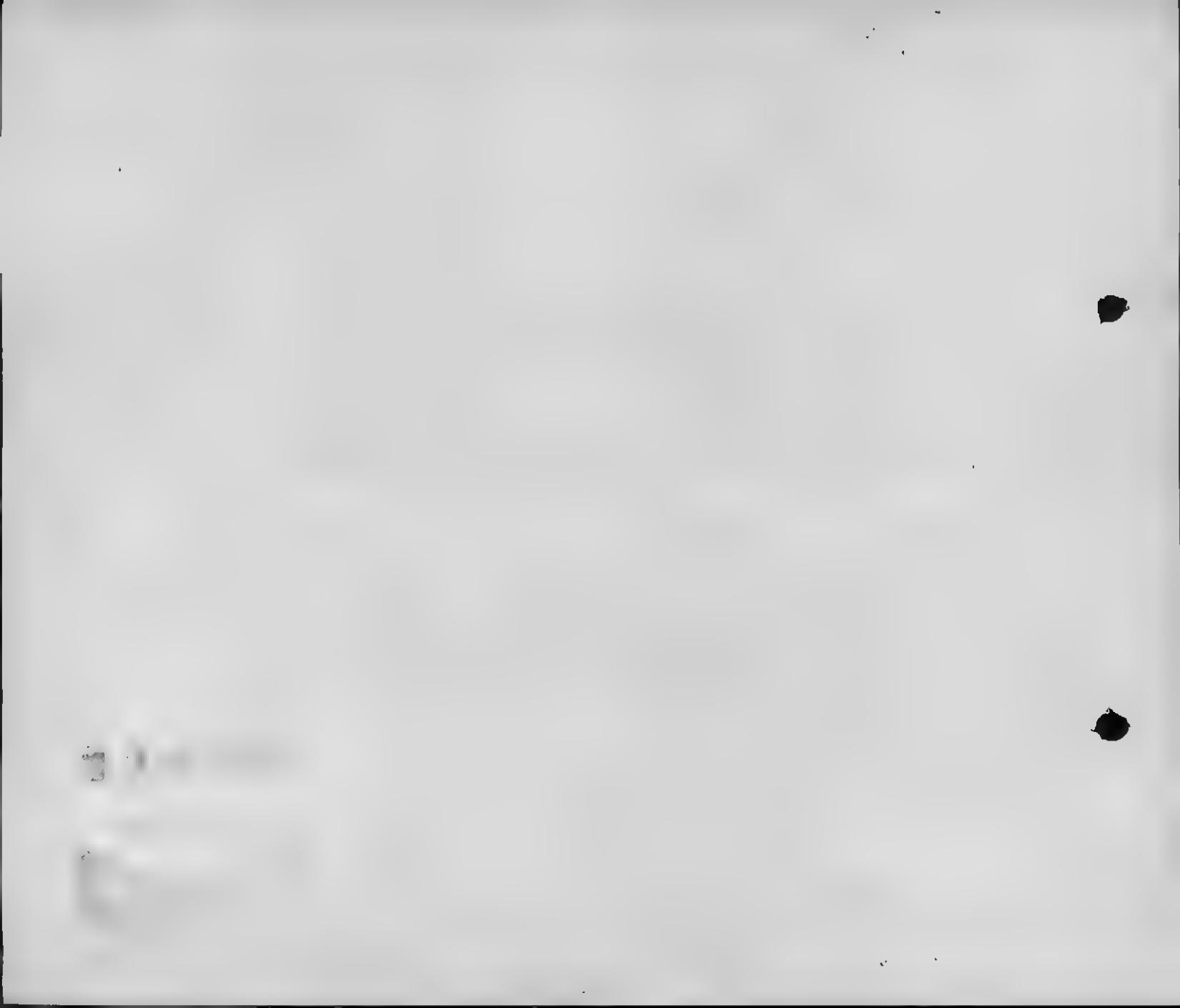
(State)

21d. TIME (Month) (Day) (Year) (Hour)
OF
INJURY M.21e. INJURY OCCURRED
While at Not while
work at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural cause Accident , Suicide , Homicide , Undetermined cause .
SIGNATURE *John Moore*CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
M. D. ASSISTANT MEDICAL EXAM.DATE SIGNED
Jan.23. BURIAL, CREMATION,
REMOVAL (Specify): BurialDATE THEREOF Jan. 26, 1956
NAME OF CEMETERY OR CREMATORIAL
Mt. Vernon CemeteryLOCATION (City, town, or county) (State)
McKeesport, Pa.DATE REC'D BY LOCAL REG.
Jan. 23, 1956REGISTRAR'S SIGNATURE
John Moore, L. S.24. FUNERAL DIRECTOR Kenneth R. Thomas, Cambridge, Md.
ADDRESS
Hunter, Edmundson & Striffler

McKeesport, Pa.



00516

MARYLAND

STATE DEPARTMENT OF HEALTH

524

CERTIFICATE OF DEATH

Reg. Dist. No. 116

| | | | |
|---|-----------------------------------|--|---|
| 1. PLACE OF DEATH COUNTY | | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE COUNTY | |
| <i>Dorchester</i> <i>MARYLAND</i> | | <i>Maryland</i> <i>Dor</i> | |
| CITY (If outside corporate limits, write RURAL and OR give nearest town) | LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | |
| <i>Cambridge</i> | <i>day</i> | <i>East New Market</i> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS | | |
| 3. NAME OF DECEASED (Type or Print) | | 4. DATE OF DEATH (Month) (Day) (Year) | |
| <i>Edith Seidler</i> | | <i>1 / 1 1956</i> | |
| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED | 8. DATE OF BIRTH |
| <i>Female</i> | <i>White</i> | <i>Married</i> | <i>6/15/1880</i> |
| 10a. UNUSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 9. AGE last birthday yrs. | 11. If under 1 year Months Days Hours Min. |
| <i>Housework</i> | | <i>75</i> | |
| 13. FATHER'S NAME | | 12. CITIZEN OF WHAT COUNTRY | |
| <i>Carl Seidler</i> | | <i>U.S.A.</i> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | |
| | | | |
| 18. MEDICAL CERTIFICATION | | | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | |
| <i>420.1</i> Immediate cause (a) | | | |
| Antecedent cause(s) | | | |
| Diseases or conditions, if any, (b)... giving rise to the above cause stating the <u>underlying cause</u> last (c)... | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? | | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | | PLACE (Home, farm, factory, street, of office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | | INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> | HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from <i>12/31</i> , 19 <i>55</i> , to <i>1/1</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>12/31</i> , 19 <i>55</i> , and that death occurred at <i>12 30 A.M.</i> , from the causes and on the date stated above. SIGNATURE <i>Lorraine Morgan</i> (Degree or title) <i>N.D.</i> ADDRESS <i>Cambridge, Md.</i> DATE SIGNED <i>1/4/56</i> | | | |
| 23. BURIAL, CREMATION REMOVAL (Specify) | | NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town or county) (State) | |
| DATE REC'D BY LOCAL REG. REG. <i>Jan. 3, 1956</i> | | 24. FUNERAL DIRECTOR ADDRESS <i>John Hall, N.D.</i> | |
| REG. <i>Jan. 3, 1956</i> | | ADDRESS <i>John Hall, N.D.</i> | |

BUREAU V. S.

1
1950

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

538

00517

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

| | | |
|---|-------------|-----------------------------------|
| COUNTY | Dorchester | MARYLAND |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) | | LENGTH OF STAY (In this place) |
| TOWN | Smithsville | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | |

2. USUAL RESIDENCE (HOME) OF DECEASED:

| | | | |
|---|-------------|--------------------------|------------|
| STATE | Maryland | COUNTY | Dorchester |
| CITY (If outside corporate limits, write RURAL and give nearest town) | | | |
| TOWNS | Smithsville | (If rural give location) | |
| STREET ADDRESS | | | X |

3. NAME OF
DECEASED:
(Type or Print)

(First)

(Middle)

(Last)

4. DATE (Month)

(Day)

(Year)

Jan.

27,

1956

5. SEX:

6. COLOR OR
RACE:7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify)

8. DATE OF BIRTH:

9. AGE last birthday

10. IF UNDER 1 YEAR

11. IF UNDER 24 HRS

Months

Days

Hours

Min.

Male

Negro

Married

Feb. 8, 1886

69 yrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

Laborer

10B. KIND OF BUSINESS
OR INDUSTRY:

Food Packing

11. BIRTHPLACE (State or foreign country):

Dorchester County, Md.

12. CITIZEN OF WHAT
COUNTRY?

USA

13. FATHER'S NAME:

Adam Cornish

Annie Wilson

14. MOTHER'S MAIDEN NAME:

Annie Ward, Smithsville, Dor. Co., Md.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service) -----

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

207-07-1429

Annie Ward, Smithsville, Dor. Co., Md.

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN
ONSET AND DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44 2X IMMEDIATE CAUSE

(A)
DUE TO

Influenza

P

ANTECEDENT CAUSE (S):

(B)
DUE TO

Hypertension with cerebral emboli

?

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

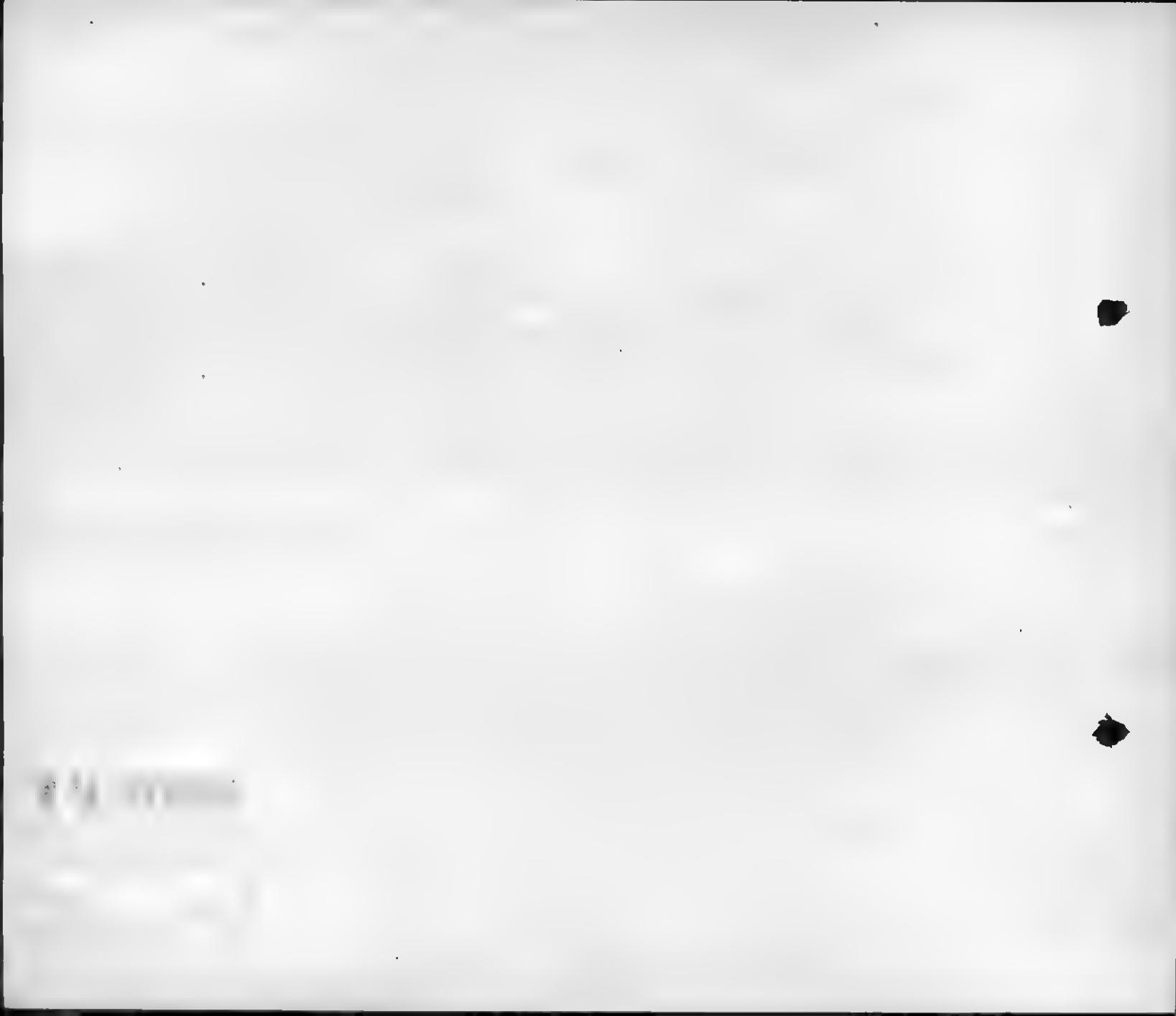
(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 27, 1956, to , 19 .., that I last saw the deceased
alive on Jan. 27, 1956, and that death occurred at 7 P.M. from the causes and on the date stated above.
SIGNATURE Jane A. Thompson ADDRESS DATE SIGNED
M.D. Cambridge, Md. Jan. 29, 195623. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) (State)
1/31/1956 Smithsville Cemetery Smithsville, MarylandDATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS
REGISTRAR John H. D. H. M. St. Clair, Jr., Cambridge, Md.

Jan. 30, 1956



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00518

525

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

| | | |
|---|------------|-----------------------------------|
| COUNTY | Dorchester | MARYLAND |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) | | LENGTH OF STAY (in this place) |
| TOWN | Cambridge | Sev. mos. |

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS 72 Washington Street

3. NAME OF
DECEASED:
(Type or Print) Rev. James A. Fassett

4. SEX: Male COLOR OR RACE: Negro 6. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify) Widowed

7. DATE OF BIRTH: Aug. 13, 1891 8. AGE last birthday
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister 10B. KIND OF BUSINESS OR INDUSTRY: Ministry

13. FATHER'S NAME:

Joshua Fassett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.

None

4. DATE (Month) (Day) (Year)
OF DEATH: Jan. 17 1956

72 Washington Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester

CITY (If outside corporate limits, write RURAL and give nearest town)
OR
TOWN Cambridge

STREET ADDRESS (If rural give location)

72 Washington Street

9. AGE last birthday IF UNDER 1 YEAR
IF UNDER 24 HRS.
Months Days Hours Min.

64 yrs. 5 4

11. BIRTHPLACE (State or foreign country): Berlin, Maryland 12. CITIZEN OF WHAT COUNTRY?
USA

14. MOTHER'S MAIDEN NAME:

Aralanta Showell

18. MEDICAL CERTIFICATION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATHINTERVAL BETWEEN
ONSET AND DEATH

IMMEDIATE CAUSE (A)

Generalized carcinomatosis

3 mos.

ANTECEDENT CAUSE (B)

DUE TO

Carcinoma colon, right

Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

Sept. 1, 1955 Carcinoma of colon, right with metastases

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (City or town) (County) (State)

INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 8, 1956, to Jan 17, 1956, that I last saw the deceased alive on Jan 8, 1956, and that death occurred at 11⁰⁰ M, from the causes and on the date stated above.
SIGNATURE
Lawrence Burdette ADDRESS
M.D. City Office Bldg., Cambridge, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

DATE REC'D BY LOCAL REGISTRAR

January 22, 1956

DATE THEREOF

REGISTRAR'S SIGNATURE

NAME OF CEMETERY OR CREMATORIUM

Flowers St. Cemetery

LOCATION (City, town, or county)

(State)

Berlin, Maryland

24. FUNERAL DIRECTOR

ADDRESS

H. M. St. Clair, Jr., Cambridge, Md.

820

821

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 116

1. PLACE OF DEATH:

| | | |
|---|------------------------------|--|
| COUNTY | Dorchester | MARYLAND |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN | Cambridge | LENGTH OF STAY (In this place) 4 Mo. |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | Eastern Shore State Hospital | |

2. USUAL RESIDENCE (HOME) OF DECEASED:

| | | | |
|--|---------------------------|--------|------------|
| STATE | Maryland | COUNTY | Dorchester |
| CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN | Church Creek | | |
| STREET ADDRESS | (If rural, give location) | | |

| | | | |
|--|---------|----------|----------|
| 3. NAME OF DECEASED: (Type or Print) | (First) | (Middle) | (Last) |
| | Joseph | S | Fitzhugh |

| | | |
|------------------------|--------|----|
| 4. DATE OF DEATH | Jan. 7 | 56 |
| (Month) | 19 | 56 |
| (Day) | | |
| (Year) | | |

| | | | |
|---------|----------------------|---|-------------------|
| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: |
| M | White | M | NOV 26, 1882 |

| | | |
|-----------------------|-----------------|------------------|
| 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. |
| 73 yrs. | Months | Days |
| | Hours | Min. |

| | |
|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Waterman | 10b. KIND OF BUSINESS OR INDUSTRY: Water |
|--|---|

| | |
|---|--------------------------------------|
| 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S. |
|---|--------------------------------------|

| | |
|--------------------|-----------------|
| 13. FATHER'S NAME: | Joseph Fitzhugh |
|--------------------|-----------------|

| | |
|---------------------------|-------------|
| 14. MOTHER'S MAIDEN NAME: | Amanda Dean |
|---------------------------|-------------|

| | |
|---|----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | 16. SOCIAL SECURITY NO.: - |
| (If Yes, give war or dates of service) | |

| | |
|--------------------------|-----------------------------------|
| 17. INFORMANT & ADDRESS: | Records Eastern Shore State Hosp. |
|--------------------------|-----------------------------------|

| | |
|--|-------------------------------------|
| 18. MEDICAL CERTIFICATION | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | |

| | | |
|-----------------|---------------|--------|
| Immediate cause | (a) Pneumonia | 1. wk. |
| DUE TO | | |

| | | |
|--|-------------------------|-------|
| Antecedent cause(s) | (b) Fracture left femur | 2 mo. |
| Diseases or conditions, if any, giving rise to the above cause | DUE TO | |
| stating underlying cause last | (c) | |

| | | |
|---|--------------------|---|
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | Ch. brain syndrome | ? |
|---|--------------------|---|

| | | |
|-------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|-------------------------|----------------------------------|---|

| | | |
|--|---|--|
| 21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, of street, office bldg., etc.) INJURY Hospital | 21c. (City or town) (County) Cambridge Dor. Md. |
|--|---|--|

| | | |
|--|---|--|
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 11-10-55 2p.M. | 21e. INJURY OCCURRED While at Not while work <input type="checkbox"/> at work <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Fell to floor. |
|--|---|--|

| |
|--|
| 22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . |
|--|

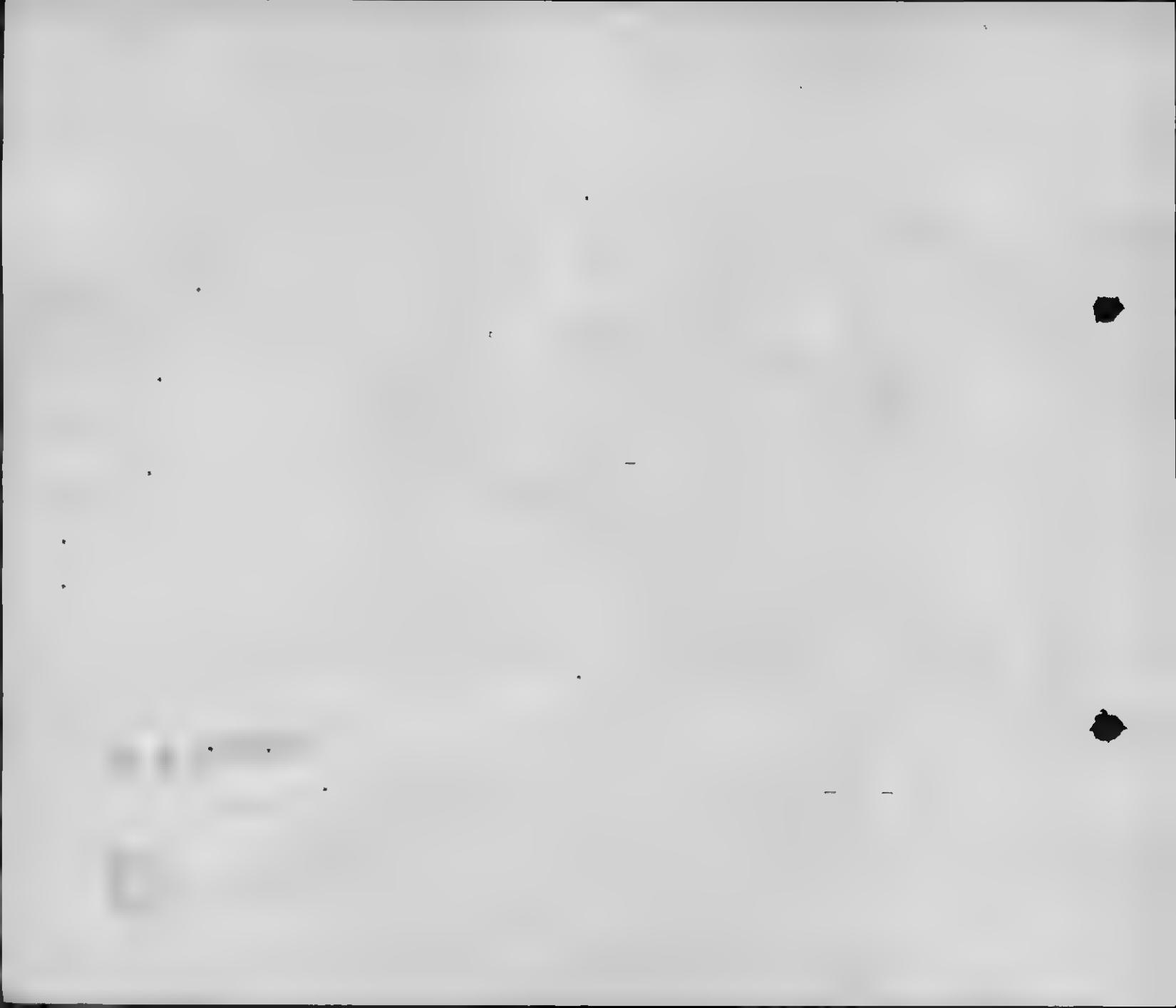
| | |
|--|--|
| SIGNATURE <i>John Moore Jr. MD.</i> | CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. |
|--|--|

1/8/56

| | | | |
|--|----------------------|---|--|
| 23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF 1-16-56 | NAME OF CEMETERY OR CREMATORIAL DORCHESTER MEM. PK. Cambridge, Md. | LOCATION (City, town, or county) (State) |
|--|----------------------|---|--|

| | | |
|--|---|--|
| DATE REC'D BY LOCAL REG. Jan. 10, 1956 | REGISTRAR'S SIGNATURE <i>John H. D. LeCompte</i> | 24. FUNERAL DIRECTOR ADDRESS LeCompte FUNERAL SERVICE Cambridge, Md. |
|--|---|--|

| |
|--|
| 24. FUNERAL DIRECTOR ADDRESS LeCompte FUNERAL SERVICE Cambridge, Md. |
|--|



00526

526

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No. 175

1. PLACE OF DEATH:

| | | |
|---|-----------|-----------------------------------|
| COUNTY | Worcester | MARYLAND |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) | | LENGTH OF STAY (in this place) |
| TOWN | Cambridge | |

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS 183 Washington St.

3. NAME OF
DECEASED:
(Type or Print) CARL H. HOGAN

2. USUAL RESIDENCE (HOME) OF DECEASED:

| | | | |
|--|-----|--------|-----------|
| STATE | Md. | COUNTY | Worcester |
| CITY (If outside corporate limits write RURAL and give nearest town) | | TOWN | Cambridge |

STREET
ADDRESS 133 Washington St.
(If rural, give location)

4. DATE
OF
DEATH 2/26/56

5. SEX: 6. COLOR OR
RACE: 7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): 8. DATE OF BIRTH:
1917 05 12 9. AGE last birthday:
56 yrs. 11 months 11 days 14 hours 56 min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Painter 10b. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

Jerry Paine

14. MOTHER'S MAIDEN NAME:

ster Paine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.: 01-20-7131

17. INFORMANT & ADDRESS:

r. James Travers: RFD #3, Cambridge,

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN
ONSET AND DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a)
DUE TO

Coronary heart disease

Antecedent cause(s)
Diseases or conditions, if any, (b)
giving rise to the above cause DUE TO
stating underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No

21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY M. While at Not while work at work 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

SIGNATURE *Jerry Paine*
J. Paine, M.D. Cambridge, Md.

CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
M. D. ASSISTANT MEDICAL EXAM.

DATE SIGNED

1-9-1956

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)

Burial Jan 27, 1956 Balfour Cemetery Cambridge, Md.

DATE REC'D BY LOCAL REG. DATE REC'D BY LOCAL REG. 24. FUNERAL DIRECTOR ADDRESS

John J. Paine, Jr. Herbert St. Clair: Cambridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00521

527

CERTIFICATE OF DEATH

Reg. Dist. No. 116

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this time, the bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this time, the certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 155 10M

| | | | |
|---|------------------------------|---|--------------------------------|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (HOME) OF DECEASED | |
| COUNTY CITY (If outside corporate limits, write RURAL OR TOWN TOWN) | MARYLAND Cambridge | STATE CITY (If outside corporate limits, write RURAL and give nearest town) | MD COUNTY Cambridge |
| LENGTH OF STAY (In this place) | | STREET ADDRESS (If rural give location) | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge-Ward Hospital | | 207 Academy St. | |
| 3. NAME OF DECEASED (Type or Print) William | | 4. DATE (Month) (Day) (Year) OF DEATH Jan 25 1956 | |
| S. SEX M | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed | 8. DATE OF BIRTH MPP 3 1888 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired fueling station owner</i> | | 9. AGE last birthday 67 yrs. | |
| 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) NEW JERSEY | |
| 13. FATHER'S NAME James Fries | | 14. MOTHER'S MAIDEN NAME Ethel Graham | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | | 16. SOCIAL SECURITY NO. 220-07-0808 | |
| | | 17. INFORMANT & ADDRESS Richard G. Fries Cambridge, Md. | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | |
| IMMEDIATE CAUSE <i>Coronary Occlusion</i> | | INTERVAL BETWEEN ONSET AND DEATH 1 day | |
| ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | | DUE TO <i>Coronary Heart Disease</i> | |
| | | DUE TO <i>Atherosclerotic heart Disease</i> | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER) | | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. HOW DID INJURY OCCUR? | |
| M. at work | | Not while at work | |
| 22. I hereby certify that I attended the deceased from <i>1/24</i> , 19 <i>56</i> , to <i>1/25</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>1/25</i> , 19 <i>56</i> , and that death occurred at <i>12:15 P.M.</i> from the causes and on the date stated above. SIGNATURE <i>Lorraine Mayanov</i> M.D. ADDRESS (Street, city, town, state) <i>Cambridge, Md.</i> DATE SIGNED <i>1/27/56</i> | | | |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i> | | DATE THEREOF <i>1/28/56</i> NAME OF CEMETERY OR CREMATORIUM <i>Oxford Cemetery</i> LOCATION (City, town or county) <i>Oxford Md.</i> (State) | |
| 24. REC'D BY REGISTRAR DATE <i>Jan 31, 1956</i> | | REGISTRAR'S SIGNATURE <i>John Mace Jr.</i> 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Madeline E. Neumann 101 Easton Rd</i> | |

RECEIVED

FEB 2

540

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

COUNTY Dorchester

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN Federalsburg - RuralLENGTH OF STAY
(in this place)
LiteHOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Near Cokesbury

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland

COUNTY Dorchester

CITY (If outside corporate limits, write RURAL and give nearest town)
OR
TOWN Federalsburg - RuralSTREET
ADDRESS

(If rural give location)

Near Cokesbury

3. NAME OF
DECEASED:
(Type or Print)(First)
Perry(Middle)
Lee(Last)
Hackett4. DATE (Month) (Day) (Year)
OF DEATH January 10 1956

5. SEX:

Male

6. COLOR OR
RACE:
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify): Married8. DATE OF BIRTH:
April 6, 18739. AGE last birthday
IF UNDER 1 YEAR IF UNDER 24 HRS.
82 yrs. Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life.)
even if retired): Retired Farmer10B. KIND OF BUSINESS
OR INDUSTRY:
Farm Owner11. BIRTHPLACE (State or foreign country):
Dorchester Co., Maryland12. CITIZEN OF WHAT
COUNTRY?
U.S.A.

13. FATHER'S NAME:

Perry G. Hackett

14. MOTHER'S MAIDEN NAME:

Priscilla Tull

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) (If Yes, give war or dates
of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT & ADDRESS:

Mrs. Alice L. Hackett, Seaford, Del.RFD

18. MEDICAL CERTIFICATION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE

(A)

Arteriosclerotic Heart Disease

INTERVAL BETWEEN
ONSET AND DEATH

6 yrs-

ANTECEDENT CAUSE (S)

DUE TO

Coronary atherosclerosis with myocardial
fibrosisDISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(B)

DUE TO

Myocardial failure

16 months.

(C)

1 mo.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21c. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

M.

21e. INJURY OCCURRED
While Not while
at work at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar , 1949, to Jan 10 , 1956, that I last saw the deceased
alive on Jan 9 , 1956 , and that death occurred at 4:40 A.M. from the causes and on the date stated above.
SIGNATURE *J. H. Hackett, Jr. M.D.* ADDRESS DATE SIGNED
M.D. Seaford, Delaware Jan. 10, 195623. BURIAL, CREMATION,
REMOVAL (SPECIFY)
BurialDATE THEREOF
Jan. 12, 1956NAME OF CEMETERY OR CREMATORIUM
Cokesbury CemeteryLOCATION (City, town, or county)
Near Federalsburg, Md.

(State)

DATE REC'D BY LOCAL
REGISTRAR

Jan 12-1956

REGISTRAR'S SIGNATURE

Charles Hastings

24. FUNERAL DIRECTOR

ADDRESS

J. J. Frampton and Son, Federalsburg, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

JAN 17 1952

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00523

528

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH:

COUNTY Dorchester

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)LENGTH OF STAY
(in this place)

TOWN Cambridge

1 week

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Cambridge Md. Hospital

3. NAME OF
DECEASED:
(Type or Print)

(First) GRACE

(Middle) PHILLIPS

(Last) JOHNSON

4. DATE (Month) (Day) (Year)
OF DEATH: Jan 17 1956

5. SEX

6 COLOR OR
RACE:
Female White7 SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify): Widowed8 DATE OF BIRTH:
8-28-18899 AGE last birthday
66 yrs.IF UNDER 1 YEAR
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):10B. KIND OF BUSINESS
OR INDUSTRY:
Seafood11. BIRTHPLACE (State or foreign country):
Hoopers Island, Maryland12. CITIZEN OF WHAT
COUNTRY?
U.S.A.

13. FATHER'S NAME:

John R. Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) (If Yes, give war or dates
of service)16. SOCIAL SECURITY NO.
No 218-01-5253

14. MOTHER'S MAIDEN NAME:

Not Known

17. INFORMANT & ADDRESS:

Mr. Herman Tolley Bishops Head, Md.

18. MEDICAL CERTIFICATION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

X

IMMEDIATE CAUSE

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

7 days.

(A) DUE TO Diffuse Peritonitis

7 days.

(B) DUE TO Perforation of Sigmoid Colon.

7 days.

(C) DUE TO Calcification of rectosigmoid.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town) (County) (State)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY M. 21E. INJURY OCCURRED While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/10, 1956, to 1/17, 1956, that I last saw the deceased

alive on 1/17, 1956, and that death occurred at 3 A.M., from the causes and on the date stated above.

ADDRESS DATE SIGNED

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)
Burial 1-19-1956 NAME OF CEMETERY OR CREMATORIES LOCATION (City, town, or county) (State)DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS
APR. 19, 1956 John Place, N. D. LeCompte Funeral Service Cambridge, Md.



01727

MARYLAND

541

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 116

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH COUNTY <i>Dorchester</i> | | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>MARYLAND</i> COUNTY <i>Dor.</i> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Church Creek</i> | | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Church Creek, Md.</i> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) <i>Carl Neal Jones</i> | | 4. DATE OF DEATH <i>1/29 1956</i> | |
| SEX <i>Male</i> | 6. COLOR OF FACE <i>White</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED <i>Married</i> | 8. DATE OF BIRTH <i>6/11/1873</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter, Ret.</i> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE last birthday If under, 1 year Months <i>82 yrs.</i> Days Hours Min. |
| 13. FATHER'S NAME <i>Thomas Jones</i> | | 11. BIRTHPLACE (State or foreign country) <i>Maryland</i> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT AND ADDRESS <i>Willie Jones, Church Creek, Md.</i> | | 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>Arteriosclerotic heart disease</i> Immediate cause (a) <i>Arteriosclerosis</i> Antecedent cause(s) (b) <i>Cerebral embolism</i> Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c) <i>5 days</i> Cerebral embolism | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 21. ACCIDENT SUICIDE HOMICIDE | | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at Work m. Not While At work | HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from <i>7-7-1953</i> to <i>1-29-1956</i> that I last saw the deceased alive on <i>1-7-56</i> , and that death occurred at <i>8:15 p.m.</i> from the causes and on the date stated above. SIGNATURE <i>Robert Bruce MD</i> ADDRESS <i>9 Pence St., Cambridge, Md.</i> DATE SIGNED <i>1956</i> | | | |
| 23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i> | | DATE <i>3/56</i> NAME OF CEMETERY OR CEMATORIUM <i>Washington</i> LOCATION (City, town, or county) <i>Surfside, Md.</i> (State) | |
| DATE REC'D BY LOCAL REGISTRY | | REGISTRAR'S SIGNATURE <i>John V. Lee, No. D.</i> FUNERAL DIRECTOR <i>Wuth S. Willoughby</i> ADDRESS <i>East New Market, Md.</i> | |

1980

10

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00524

529

CERTIFICATE OF DEATH

Reg. Dist. No. //6

1. PLACE OF DEATH:

County Dorchester

Maryland

City (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN CambridgeLength of Stay
(in this place)
LifeHOSPITAL OR
INSTITUTION OR
STREET ADDRESS 9 Bethel Street3. NAME OF
DECEASED:
(Type or Print)

First Samuel

(Middle)

(Last)

4. SEX:

Male

6. COLOR OR
RACE: Negro7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify) Widower8. DATE OF BIRTH:
Nov-15-18759. AGE last birthday
80 yrs.10. UNDERScored
IF UNDER 1 YEAR
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired.) un employed10B. KIND OF BUSINESS
OR INDUSTRY:11. BIRTHPLACE (State or foreign country):
Dor-County-Md.12. CITIZEN OF WHAT
COUNTRY?
USA

13. FATHER'S NAME:

Jeremia Locks

14. MOTHER'S MAIDEN NAME:

Lizzie Locks

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) (If Yes, give war or dates
of service) unk16. SOCIAL SECURITY NO.
unk17. INFORMANT & ADDRESS:
Annie Kane, Cambridge, MarylandINTERVAL BETWEEN
ONSET AND DEATH

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE

(A)
DUE TO

Cardiac Decompensation

ANTECEDENT CAUSE (S)

(B)
DUE TODISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

Hypertensive Arteriosclerotic Heart

Disease

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY While Not while
M. at work at work

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 29, 1954 to Jan. 2, 1956, that I last saw the deceased
alive on ... Jan. 2, 1956, and that death occurred at *J. Edwin Fassett*, M.D. 227 Pine St-Camb., Md.-1-4-56
SIGNATUREM, from the causes and on the date stated above.
ADDRESS DATE SIGNED23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL
REGISTRAR

1-8-1956

REGISTRAR'S SIGNATURE

John Tracy Jr. D.

24. FUNERAL DIRECTOR

H.M. StClair, Jr.-High St-Camb., Md.

ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00525

542

CERTIFICATE OF DEATH

Reg. Dist. No. 110

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH: | | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| COUNTY Dorchester MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rhodesdale - Rural LENGTH OF STAY (in this place) 9 years | | STATE Maryland COUNTY Dorchester CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodesdale - Rural STREET ADDRESS Eldorado | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Eldorado | | (If rural give location) Eldorado | |
| 3. NAME OF DECEASED: (Type or Print) | | (First) George | (Middle) Wesley |
| | | (Last) Murphy | |
| 5. SEX: Male | | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10B. KIND OF BUSINESS OR INDUSTRY: Retired Stationary Engineer | |
| 13. FATHER'S NAME: | | 14. MOTHER'S MAIDEN NAME: | |
| John N. Murphy | | Rebecca Rhodes | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes | | 16. SOCIAL SECURITY NO. 089-05-8018 | |
| 18. MEDICAL CERTIFICATION | | | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | |
| IMMEDIATE CAUSE | | (A) DUE TO Coronary Occlusion | |
| ANTECEDENT CAUSE (S) | | (B) DUE TO Coronary Disease | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | | (C) | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | |
| 19A. DATE OF OPERATION: | | 19B. MAJOR FINDINGS OF OPERATION | |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | | 21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> | |
| 21F. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from Oct. 1955, to Jan. 1956 that I last saw the deceased alive on January 9, 1956, and that death occurred at 1 P. M., from the causes and on the date stated above. SIGNATURE W.C. Harrison | | | |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | | DATE THEREOF Jan. 13, 1956 | NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State) Eldorado Cemetery Eldorado, Maryland |
| DATE REC'D BY LOCAL REGISTRAR Jan. 13 1956 | | REGISTRAR'S SIGNATURE Charles Hastings | 24. FUNERAL DIRECTOR ADDRESS J.J. Frampton and Son, Federalsburg, Md. |

0 (000)

00526

Reg. Dist. 116

543
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 200

1. PLACE OF DEATH:

COUNTY Dorchester

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN CambridgeLENGTH OF STAY
(In this place)
1 mth & 24 das.HOSPITAL OR
INSTITUTION OR
STREET ADDRESS Eastern Shore State Hospital**3. NAME OF**

(First)

(Middle)

(Last)

DECEASED:

(Type or Print)

Martha Jane Othoson

4. DATE

(Month)

(Day)

(Year)

OF

DEATH

Jan. 9

19 56

5. SEX:

F

6. COLOR OR
RACE: W7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): W8. DATE OF BIRTH:
7-6-1866

9. AGE last birthday:

IF UNDER 1 YEAR

Months

Days

Hours

Mln.

89

yrs.

10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired): None10b. KIND OF BUSINESS OR
INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT
COUNTRY? U.S.

13. FATHER'S NAME: William J. Hurlock

14. MOTHER'S MAIDEN NAME: Mary Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: --

17. INFORMANT & ADDRESS: Eastern Shore State Hospital Records

18. MEDICAL CERTIFICATION**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:**904.7
Immediate cause(a) ...
DUE TO

Antecedent cause(s)

Diseases or conditions, if any, (b) ...
giving rise to the above cause DUE TO
stating underlying cause last (c)**II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.****19a. DATE OF OPERATION:****19b. MAJOR FINDING OF OPERATION:**21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, of street, office bldg., etc.)

INJURY

21c. (City or town) (County)

Cambridge, Md.

(State)

21d. TIME (Month) (Year) (Hour)

OF INJURY 11-10-51 3 P.M.

21e. INJURY OCCURRED While at Not while

work at work

21f. HOW DID INJURY OCCUR?

Fell to floor

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , andfind that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

SIGNATURE John Mace Jr.

CHIEF MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

M. D. ASSISTANT MEDICAL EXAM.

DATE SIGNED Jan. 9, 1956

23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORIUM

REMOVAL (Specify): Burial Jan. 12, 1956 Still Pond Cem.

LOCATION (City, town, or county) (State)

Still Pond, Md.

DATE REC'D BY LOCAL REG. JOHN MACE JR.

REG. Edward Fellows.

BUREAU V. S.

JAN 17 1922

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 145 10W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

544

00527

116

CERTIFICATE OF DEATH

Reg. Dist. No.....

| | | | |
|--|---|---|--------------------------------------|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (HOME) OF DECEASED | |
| COUNTY CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) | MARYLAND LENGTH OF STAY (in this place) | STATE CITY (If outside corporate limits, write RURAL and give nearest town) | COUNTY TOWN STREET ADDRESS |
| Dorchester Cambridge | MARYLAND Length of stay (in this place) | Maryland Salisbury | Wicomico (If rural give location) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Eastern Shore State Hospital | | Rt. 3 | |
| 3. NAME OF DECEASED (Type or Print) John William Parsons | | 4. DATE (Month) (Day) (Year) OF DEATH Jan 21 1956 | |
| SEX Male | COLOR OR RACE White | SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Widowed | DATE OF BIRTH 1883 |
| 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months Days Hours Min. | |
| 10b. KIND OF BUSINESS OR INDUSTRY on Own Farm | | BIRTHPLACE (State or foreign country) Maryland | |
| 13. FATHER'S NAME John Henry Parsons | | 14. MOTHER'S MAIDEN NAME Mary Ellen | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | | 16. SOCIAL SECURITY NO. | |
| (If Yes, give war or dates of service) | | 17. INFORMANT & ADDRESS Mr. Harold T. Parsons (Son) R.D. #3 Salisbury Hospital Records, Cambridge, Md. | |
| 18. MEDICAL CERTIFICATION | | | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) Broncho Pneumonia ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) _____ GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) _____ | | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER) | | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> at work <input type="checkbox"/> Not white <input type="checkbox"/> at work | | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) | |
| 21e. INJURY OCCURRED While <input type="checkbox"/> Not white <input type="checkbox"/> at work | | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from Jan 3 1956, 19....., to Jan 21, 1956, that I last saw the deceased alive on Jan 21, 1956, and that death occurred at 9:55 A.M. from the causes and on the date stated above. SIGNATURE _____ DATE SIGNED Jan 21 1956 P ADDRESS (Street, city, town, state) | | | |
| 23. FUNERAL, CREMATION, REMOVAL SPECIMEN Blues | | DATE THEREOF Jan 24-56 NAME OF CEMETERY OR CREMATORIUM Cambridge Maryland LOCATION (City, town, or county) Jan 21 (State) | |
| 24. REC'D BY REGISTRAR DATE Jan 21 1956 | | 25. FUNERAL DIRECTOR'S SIGNATURE John Marie Jr. Hollingshead Walter R. Hollingshead ADDRESS Salisbury Md. | |



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

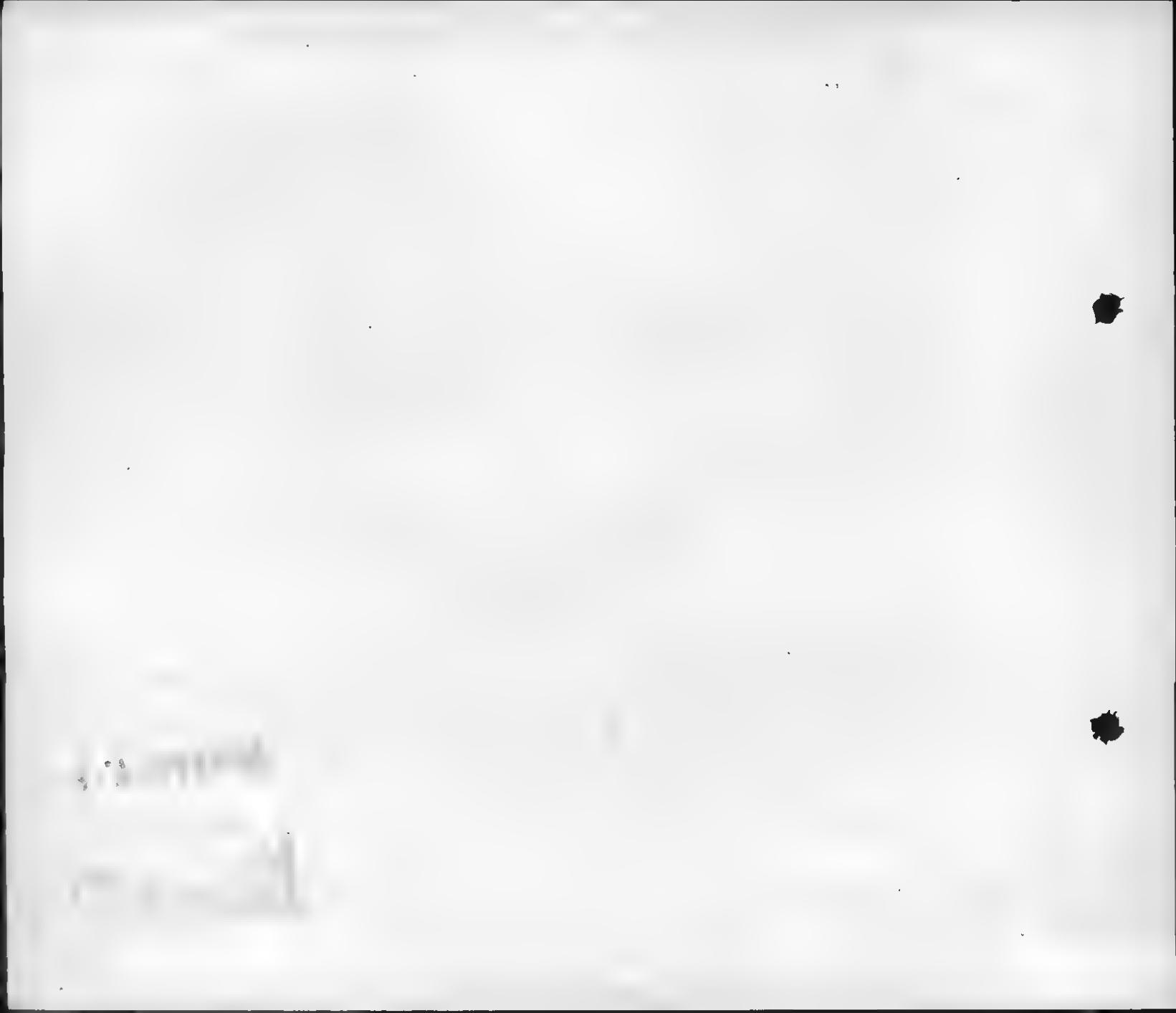
530

00528

Reg. Dist. No. 116

CERTIFICATE OF DEATH

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH. | | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN | Dorchester Cambridge | MARYLAND LENGTH OF STAY (in this place) | STATE Maryland COUNTY Dorchester CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna STREET ADDRESS (If rural give location) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md Hospital | | RFD #1 | |
| 3. NAME OF DECEASED: (Type or Print) | (First) Della | (Middle) | (Last) Pinder |
| 4. DATE (Month) OF DEATH: | 1 | (Day) 22 | (Year) 1956 |
| 5. SEX: Female | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: July 15, 1898 |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Home | 9. AGE last birthday 57 yrs. | IF UNDER 1 YEAR Months Days Hours Min. |
| 13. FATHER'S NAME: Joseph Stiles | | 11. BIRTHPLACE (State or foreign country): Dorchester-Co-Md. | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) - - - | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 16. SOCIAL SECURITY NO. 219-07-7193 | | 14. MOTHER'S MAIDEN NAME: Georgianna Parker | |
| 17. INFORMANT & ADDRESS: Minnie Young-Cambridge, Md. | | | |
| 18. MEDICAL CERTIFICATION | | | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | |
| IMMEDIATE CAUSE (A) Confluent Bronchopneumonia Bilateral ANTECEDENT CAUSE (B) DUE TO | | | |
| (B) Gangrene right great toe DUE TO | | | |
| (C) Diabetes Mellitus | | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | |
| 19A. DATE OF OPERATION: Jan 1955 | 19B. MAJOR FINDINGS OF OPERATION Gangrene Left leg | | INTERVAL BETWEEN ONSET AND DEATH |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | | 21C. WHERE DID (City or town) INJURY OCCUR? (County) (State) |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from Oct 19, 1953, to Jan 22, 1956, that I last saw the deceased alive on Jan 22, 1956, and that death occurred at 12:30, from the causes and on the date stated above. SIGNATURE J. Edwin Fassett, M.D. ADDRESS DATE SIGNED | | | |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 1-26-56 | NAME OF CEMETERY OR CREMATORIUM Fork Neck Cemetery | LOCATION (City, town, or county) Fork Neck, Md. (State) |
| DATE REC'D BY LOCAL REGISTRAR Jan. 26, 1956 | REGISTRAR'S SIGNATURE John D. Lee Jr. | 24. FUNERAL DIRECTOR ADDRESS H.M. St.Clair, Jr., Cambridge, Md. | |



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 116

1. PLACE OF DEATH:

COUNTY Dorchester

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN CambridgeLENGTH OF STAY
(in this place)
11 mos. 15 daysHOSPITAL OR
INSTITUTION OR
STREET ADDRESS Eastern Shore State Hospital3. NAME OF
DECEASED:
(Type or Print)

Donald

(First) (Middle) (Last)

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Talbot

CITY (If outside corporate limits write RURAL and give nearest town)
TOWN Wye MillsSTREET
ADDRESS

(If rural, give location)

4. DATE
OF
DEATH

January 4 1956

5. SEX:

Male

White

6. COLOR OR
RACE:7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify):

8. DATE OF BIRTH:

Married

4-24-1894

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.

61

yrs.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired):

Farmer

10b. KIND OF BUSINESS OR
INDUSTRY:

11. BIRTHPLACE (State or foreign country):

Maryland

12. CITIZEN OF WHAT
COUNTRY?

U.S.A.

13. FATHER'S NAME:

Charles Rathell

14. MOTHER'S MAIDEN NAME:

Minnie Donaldson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)

Unknown

16. SOCIAL SECURITY NO.: ---

17. INFORMANT & ADDRESS:

RECORDS: Eastern Shore State Hospital

18. MEDICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:450.1
Immediate cause(a).....
DUE TO

Coronary occlusion

INTERVAL BETWEEN
ONSET AND DEATH
Instant

Antecedent cause(s)

Diseases or conditions, if any, (b).....
giving rise to the above cause DUE TO
stating underlying cause last (c)II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

Cerebral arteriosclerosis

?

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING
CAUSE OF DEATH.21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.,
INJURY

21c. (City or town) (County)

(State)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY M.21e. INJURY OCCURRED
While at Not while
work at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
SIGNATURE: *John Moore*CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM.

DATE SIGNED

1/4/55

23. BURIAL, CREMATION,
REMOVAL (Specify):

Burial

DATE THEREOF

1-7-56

NAME OF CEMETERY OR CREMATORIUM

Chesapeake Cemetery

LOCATION (City, town, or county)

Bellevue, Md.

(State)

DATE REC'D BY LOCAL REG.

Dec. 5, 1956

REGISTRAR'S SIGNATURE

H. H. Price

24. FUNERAL DIRECTOR

H. D. W. Hampton Carroll

ADDRESS

Portion, Md.

3. A. 8

INSTRUCTIONS

ATTACHING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial permit.

VS AFSC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

531

CERTIFICATE OF DEATH

00530

Reg. Dist. No. /16

1. PLACE OF DEATH

COUNTY Dorchester

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN Cambridge

MARYLAND

LENGTH OF STAY
(In this place)

4 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland

COUNTY Dorchester

CITY (If outside corporate limits, write RURAL and give nearest town)
OR
TOWN

Cambridge Rural

STREET
ADDRESS

(If rural give location)

R.F.D. #3

3. NAME OF
DECEASED
(Type or Print)

ROLAND

J.

SEWARD

S. SEX

6. COLOR OR
RACE

Male White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify)

W

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired)

Waterman

10b. KIND OF BUSINESS
OR INDUSTRY

Seafood

11. BIRTHPLACE (State or foreign country)

Neck Dist Dor. Co., Md.

13. FATHER'S NAME

James Seward

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unk.) (If Yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT & ADDRESS

Harvey E. Seward R.F.D. #3 Camb. Md.

18. MEDICAL CERTIFICATION

331X IMMEDIATE CAUSE

(A) DUE TO Myocardial Failure

ANTECEDENT CAUSE(S)

(B) DUE TO Arteriosclerosis generalized

DISEASES OR CONDITIONS, IF ANY,

GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST.

26xx

DUE TO

(C) DUE TO Cerebral Hemorrhage

Diseases or conditions contributing
to the death but not related to the
disease or condition causing death.

Diphtheria Pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

2 days

20. AUTOPSY?

YES NO

(State)

21a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

21c. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21d. WHERE DID INJURY OCCUR? (City or town)

(County)

21e. TIME OF INJURY (Month) (Day) (Year) (Hour)

21f. INJURY OCCURRED
M. While at work Not while at work

21g. HOW DID INJURY OCCUR?



INSTRUCTIONS

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

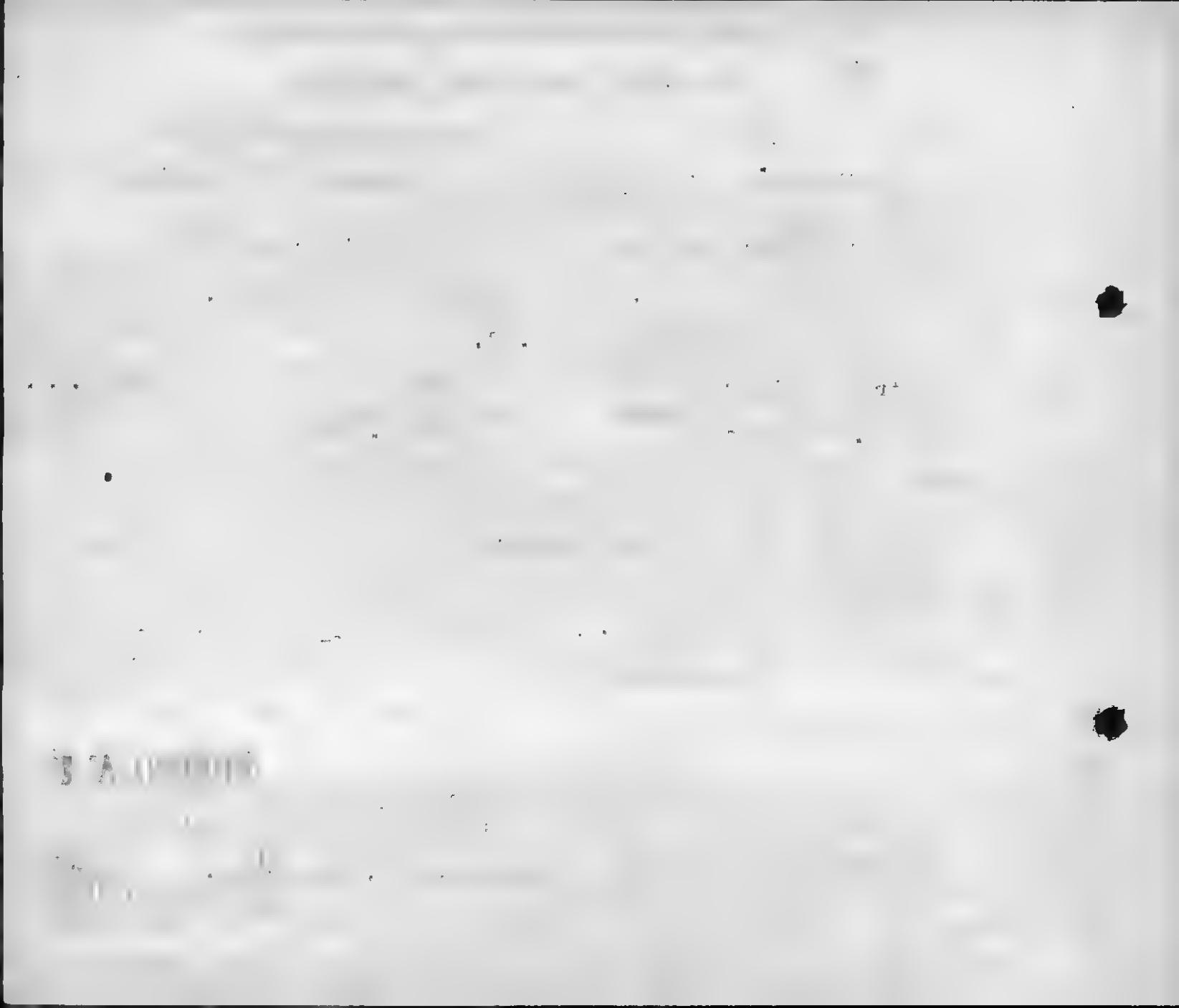
546

00531

CERTIFICATE OF DEATH

Reg. Dist. No. 116

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (HOME) OF DECEASED | |
| COUNTY Dorchester CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cambridge | | MARYLAND LENGTH OF STAY 8 mos | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital | | STATE Maryland COUNTY Baltimore CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Pikesville STREET ADDRESS 110 Reisterstown Road | |
| 3. NAME OF DECEASED (First) Donald (Middle) C. (Last) Stoppenbach (Type or Print) | | 4. DATE OF DEATH (Month) Jan. (Day) 1 (Year) 56 | |
| S. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWER, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Feb. 11, 1893 |
| 9. AGE last birthday 62 yrs. | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even retired) Electrical Engineer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Oregon |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13. FATHER'S NAME Theodore N. Stoppenbach | Unknown | | 14. MOTHER'S MAIDEN NAME Marie L. Bishop |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Unknown | (If Yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. Unknown |
| 17. INFORMANT & ADDRESS Eastern Shore State Hospital Records | | | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) Lobar Pneumonia ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) | | | |
| | | INTERVAL BETWEEN ONSET AND DEATH 5 days | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Psychosis with Syphilitic Meningo-encephalitis (General Paroxysm) 12 years plus | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <input type="checkbox"/> (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | |
| 21d. TIME OF INJURY (Month) Dec. (Day) 31 (Year) 1955 | | 21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | |
| | | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 12/1 , 1951 , to 1/1 , 1956 , that I last saw the deceased alive on 12/31 , 1955 , and that death occurred at 12:02 AM , from the causes and on the date stated above. SIGNATURE <i>Robert H. Reddick</i> M.D. State Hospital, Cambridge, Md. 1/1/56 23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 1-2-1956 NAME OF CEMETERY OR CREMATORIUM St. Anne's Cemetery Annapolis Md. LOCATION (City, town, or county) Annapolis Md. (State) | | | |
| 24. REC'D BY REGISTRAR Dec. 3 1955 | | REGISTRAR'S SIGNATURE <i>John Macay Jr.</i> | |
| | | 25. FUNERAL DIRECTOR'S SIGNATURE John M. Taylor Son Annapolis Md. ADDRESS | |



INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be signed by the physician or attending physician.

TO FUNERAL DIRECTOR: This law requires that the death certificate be filed with the registrar within 24 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

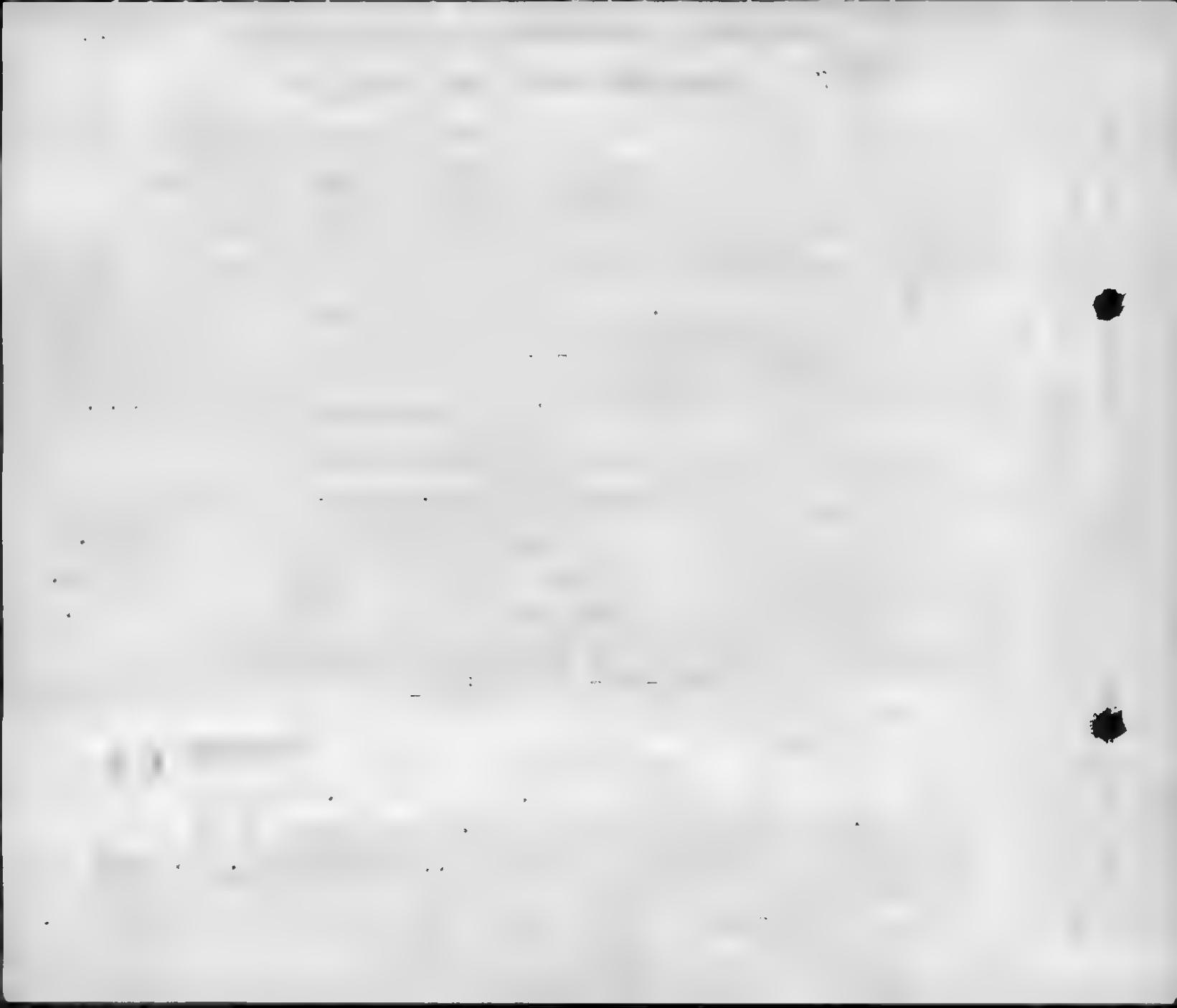
00532

532

CERTIFICATE OF DEATH

Reg. Dist. No. 116

| | | | | | | | |
|--|---------------------|--|-----------------------------------|---|---|--|------------------|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED | | | |
| COUNTY CITY TOWN | | MARYLAND LENGTH OF STAY (In this place) | | STATE CITY TOWN | | COUNTY CITY TOWN | |
| Dorchester If outside corporate limits, write RURAL and give nearest town Cambridge | | 5 Weeks | | Maryland If outside corporate limits, write RURAL and give nearest town Cambridge | | Dorchester If rural give location 5 Peachblossom Ave. | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hospital | | | | STREET ADDRESS | | | |
| 3. NAME OF DECEASED (First) (Middle) (Last) | | | | 4. DATE OF DEATH | | | |
| Floyd W. TODD | | | | Jan 1 1956 | | | |
| S. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR | | IF UNDER 24 HRS. |
| Male | White | Married | 7-11-1879 | 76 yrs. | Months | Days | Hours Min. |
| 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) | | |
| Machinist | | | Construction Co. | | Toddville, Md. | | |
| 13. FATHER'S NAME | | | | 14. MOTHER'S MAIDEN NAME | | | |
| Riley Todd | | | | not Known | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT & ADDRESS | | |
| No | | | None | | Mrs. Floyd W. Todd 5 Peachblossom Ave | | |
| 18. MEDICAL CERTIFICATION | | | | | | | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | | | | | |
| IMMEDIATE CAUSE (A) CORONARY THROMBOSIS INTERVAL BETWEEN ONSET AND DEATH 1 wk. | | | | | | | |
| ANTECEDENT CAUSE(S) DUE TO | | | | | | | |
| DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO | | | | | | | |
| STATING UNDERLYING CAUSE LAST. (C) PYELO NEPHROSIS 4 yrs. | | | | | | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. HYPERTENSIVE CARDIO VASCULAR DISEASE AND CHRONIC OSTEO ARTHRITIS | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OR OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| | | RECENT MYOCARDIAL INFARCTION-URETHRAL STRicture | | | | | |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | | 21c. WHERE DID INJURY OCCUR? (City or town) | | (County) (State) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from Sept. 19 51 to Jan. 4 1956, that I last saw the deceased alive on Jan. 4, 1956, and that death occurred at 5 P.M. from the causes and on the date stated above. SIGNATURE <i>Albert E. Bunker</i> ADDRESS (Street, city, town, state) M.D. Race St., Cambridge, Dor., Md. DATE SIGNED 1-9-55 | | | | | | | |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | | DATE THEREOF 1-7-56 | | NAME OF CEMETERY OR CREMATORIAL Dorchester Memorial Park | | LOCATION (City, town, or county) Cambridge Dorchester Md. (State) | |
| 24. REC'D BY REGISTRAR | | REGISTRAR'S SIGNATURE John D. Li | | 25. FUNERAL DIRECTOR'S SIGNATURE LeCompte Funeral Service Cambridge, Md. | | ADDRESS | |
| DATE Jan 7 1956 | | | | | | | |



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00533

547

CERTIFICATE OF DEATH

Reg. Dist. No.

INSTRUCTIONS

The bottom copy may be retained by the hospital or attending physician.

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within 24 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VI A15C 1-3 10M

| | | | |
|---|------------------------|--|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (HOME) OF DECEASED | |
| COUNTY Dorchester CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cambridge | | MARYLAND LENGTH OF STAY (in this place) 8mos. 3 das. | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital | | STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury STREET ADDRESS | |
| 3. NAME OF DECEASED (Type or Print) Norena | | 4. DATE (Month) (Day) (Year) OF DEATH Jan. 2 1956 | |
| 5. SEX F | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed | 8. DATE OF BIRTH 2-10-87 |
| 9. AGE last birthday 68 yrs. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Librarian | 11. BIRTHPLACE (State or foreign country) New Jersey |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME Timothy J. Foley | |
| 14. MOTHER'S MAIDEN NAME Honore Agnes Barry | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT & ADDRESS Eastern Shore State Hospital Records (and) | |
| 18. MEDICAL CERTIFICATION Mrs. Jane Delano (Sister) 103 East St. Delmar, Md. | | INTERVAL BETWEEN ONSET AND DEATH Sev. Years | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) Cancer of the Uterus ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) _____ GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) | | 19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION ON CAUSING DEATH. Psychosis with Cerebral Arteriosclerosis | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | |
| 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | |
| 21e. HOW DID INJURY OCCUR? | | 21f. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> | |
| 22. I hereby certify that I attended the deceased from April 30, 1955, to Jan. 2, 1956, that I last saw the deceased alive on Jan. 2, 1956, and that death occurred at 7:15 P.M. from the causes and on the date stated above. SIGNATURE Simon V. Keltis N.D. | | | |
| ADDRESS (Street, city, town, state) DATE SIGNED M.D. E.S.S. Hospital, Cambridge, Maryland 1-3-56 | | | |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Jan. 5th, 1955 | | DATE THEREOF Jan. 5, 1956 NAME OF CEMETERY OR CREMATORIAL Parsons Cemetery | |
| 24. REC'D BY REGISTRAR DATE 1956 | | REGISTRAR'S SIGNATURE John Mac Jr. | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Holloway Jr. | | ADDRESS Salisbury Md. | |

REF ID: A6482

JAN 5 1956

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL This law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10.W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00534

548

CERTIFICATE OF DEATH

Reg. Dist. No. 116

| | | | |
|--|------------------------------|---|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (HOME) OF DECEASED | |
| COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN | Dorchester Cambridge | MARYLAND LENGTH OF STAY (If rural give place) | STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | Eastern Shore State Hospital | | |
| 9/30/54 | Maryland Perryville | | |
| 3. NAME OF DECEASED (Type or Print) | | 4. DATE (Month) OR DEATH Jan. 28 1956 (Day) (Year) | |
| (First) | (Middle) | (Last) | AGE last birthday yrs. Months Days Hours Min. |
| Kallah | L. | Van Doyenter | 81 |
| SEX Female | COLOR OR RACE White | SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | DATE OF BIRTH Jan. 22 1875 |
| 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 11. BIRTHPLACE (State or foreign country) New Jersey | |
| 13. FATHER'S NAME Augustus Van Doyenter | | 14. MOTHER'S MAIDEN NAME Hannah Force | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No | | 16. SOCIAL SECURITY NO. Unknown | |
| 17. INFORMANT & ADDRESS Eastern Shore State Hospital Records | | 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) Bronchopneumonia ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) | | 5 days | |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile Psychosis | | 3 years | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | |
| 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | |
| 21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 9/30 1954, to 1/28 1956, that I last saw the deceased alive on 1/27 1956, and that death occurred at 2:15 A.M. from the causes and on the date stated above. SIGNATURE Robert H. Reddick M.D. State Hospital Cambridge, Md. DATE SIGNED | | | |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation | | DATE THEREOF 1/28/56. NAME OF CEMETERY OR CREMATORIUM Green mount Cemetery | |
| 24. REC'D BY REGISTRAR DATE Jan 28 '56 | | REGISTRAR'S SIGNATURE B. N. J. Le Compte Funeral Service, Cambridge, Md. | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Le Compte Funeral Service, Cambridge, Md. | | ADDRESS | |

FEB 1

RECEIVED

549 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 16

Items 11, 13, 14 Film G192 1-31-56 G

CERTIFICATE OF DEATH

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

| | | | |
|--|---------------------|---|-------------------------------|
| 1. PLACE OF DEATH: | | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| COUNTY Dorchester MARYLAND | | STATE Maryland COUNTY Worcester | |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) | | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ironshire | |
| TOWN rural Cambridge | | STREET ADDRESS (If rural give location) | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital | | | |
| 3. NAME OF DECEASED: (Type or Print) | (First) George | (Middle) Warren | (Last) |
| 5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED. WIDOWED, DIVORCED. (Specify): Single | 8. DATE OF BIRTH: Dec 19 1877 |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk | | 10B. KIND OF BUSINESS OR INDUSTRY. | 9. AGE last birthday 78 yrs. |
| 13. FATHER'S NAME: Albert Warren | | 11. BIRTHPLACE (State or foreign country): Berlin, Md. | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | | 12. CITIZEN OF WHAT COUNTRY: U.S.A. | |
| 16. SOCIAL SECURITY NO. | | 14. MOTHER'S MAIDEN NAME: Mary Rayne | |
| 18. MEDICAL CERTIFICATION | | 17. INFORMANT & ADDRESS: E.S. State Hospi Hospital Records Cambridge | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | |
| IMMEDIATE CAUSE Cerebral Haemorrhage unk | | | |
| ANTECEDENT CAUSE (S) (B) DUE TO General Atherosclerosis unk | | | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) | | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | |
| 19A. DATE OF OPERATION: | | 19B. MAJOR FINDINGS OF OPERATION | |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | | 21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> | |
| 21F. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from Oct 6, 1955, to Jan 21, 1956, that I last saw the deceased alive on Jan 21, 1956, and that death occurred at 11:30 AM, from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED | | | |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | | DATE THEREOF 1-23-56 NAME OF CEMETERY OR CREMATORIUM European | |
| LOCATION (City, town, or county) Berlin | | (State) | |
| DATE REC'D BY LOCAL REGISTRAR John H. Ross N. D. | | 24. FUNERAL DIRECTOR | |
| REGISTER | | ADDRESS Berlin Md | |
| Jan 29, 1966 | | | |

18
19

20
21

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00536

539

CERTIFICATE OF DEATH

Reg. Dist. No. /

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within 24 hours after death.

TO FUNERAL DIRECTOR: This law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

VS AISC 155-10M

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (HOME) OF DECEASED | |
| COUNTY CITY (If outside corporate limits, write RURAL OR TOWN end give nearest town) | Dorchester Cambridge | MARYLAND LENGTH OF STAY (in this place) | STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS Cambridge R.D. 1 (If rural give location) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | Cambridge-Maryland Hospital 40 years Rural | | |
| 3. NAME OF (First) (Middle) (Last) (Type or Print) | | 4. DATE OF DEATH (Month) (Day) (Year) | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH Jan. 13, 1872 |
| 9. AGE last birthday 84 yrs. | 10. KIND OF BUSINESS OR INDUSTRY Retired Farmer Self Employed | 11. BIRTHPLACE (State or foreign country) Baltimore | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13. FATHER'S NAME Fred Weber | 14. MOTHER'S MAIDEN NAME Wilhelmina Muth | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No | 16. SOCIAL SECURITY NO. none | 17. INFORMANT & ADDRESS R.F.D. 1 Elizabeth M. Weber, Cambridge, Md. | INTERVAL BETWEEN ONSET AND DEATH 7 DAYS 20 YEARS |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | |
| IMMEDIATE CAUSE (A) BRONCHITIS ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) BRONCHIECTASIS GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) | | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. OLD RHEUMATIC HEART DISEASE ? | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | 21e. INJURY OCCURRED M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 14 JAN 1956 to 19 JAN 1956, that I last saw the deceased alive on 19 JAN 1956, and that death occurred at 8:45 AM, from the causes and on the date stated above. | | | |
| SIGNATURE <i>Walter E. Gandy Jr.</i> | ADDRESS (Street, city, town, state) M.D. Cambridge Md. 20 JAN 56 | | |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Jan 23, 1956 | NAME OF CEMETERY OR CREMATORIUM Oak Lawn Cemetery | LOCATION (City, town, or county) Baltimore, Md. (State) |
| 24. REC'D BY REGISTRAR DATE Jan 23, 1956 | REGISTRAR'S SIGNATURE J. T. in Chas. H. K. | 25. FUNERAL DIRECTOR'S SIGNATURE Deborah R. Shuman | ADDRESS Cambridge, Md. |



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00537

534

CERTIFICATE OF DEATH

Reg. Dist. No. 16

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. To this bottom copy may be referred by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 2-55 10W

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (HOME) OF DECEASED | |
| COUNTY Dorchester MARYLAND CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN Cambridge LENGTH OF STAY (in this place) 8 Weeks | | STATE Maryland COUNTY Dorchester CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Cambridge STREET ADDRESS (If rural give location) 407 Choptank Ave | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md. Hospital | | (Last) | |
| 3. NAME OF DECEASED (First) DORIS (Middle) BRANNOCK (Last) WHEATLEY | | 4. DATE (Month) (Day) (Year) DEATH 1 13 1956 | |
| S. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M | 8. DATE OF BIRTH 3-18-1924 |
| 9. AGE last birthday 31 yrs. | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Woolfords, Maryland |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | 13. FATHER'S NAME John A. Brannock | 14. MOTHER'S MAIDEN NAME Lula Fitzhugh | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No | 16. SOCIAL SECURITY NO. 217-16-9353 | 17. INFORMANT & ADDRESS Howard T. Wheatley Cambridge, Md. | |
| 18. MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 6 months | |
| IMMEDIATE CAUSE 176X ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | | DUE TO (A) Generalized carcinomatosis (B) Carcinoma (squamous cell) of vagina 2 years (C) | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | |
| 19a. DATE OF OPERATION Dec 1954 | 19b. MAJOR FINDINGS OF OPERATION Carcinoma of vagina with metastasis | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. et work | 21e. INJURY OCCURRED While Not while at work | | 21f. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from Nov. 19, 1954, to Jan. 13, 1956, that I last saw the deceased alive on Jan. 12, 1956, and that death occurred at 4 A.M. from the causes and on the date stated above. | | | |
| ADDRESS (Street, city, town, state) Lewis M. Burdette M.D. City Office Bldg., Cambridge, Md. 1956 | | | |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 1955-56 | NAME OF CEMETERY OR CREMATORIUM Dorchester Mem. Park | LOCATION (City, town, or county) Cambridge Dor. Md. |
| 24. REC'D BY REGISTRAR DATE Jan. 15, 1956 | REGISTRAR'S SIGNATURE John J. Hayes, Jr. C. | 25. FUNERAL DIRECTOR'S SIGNATURE LeCompte Funeral Service | ADDRESS Cambridge, Md. |



00538

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct
age is especially important. Physicians: please write the causes of death clearly and legibly.

Reg. Dist.

No.

535

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 21 Film G192 2-17-56

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:

COUNTY DORCHESTER

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN CAMBRIDGE

MARYLAND

LENGTH OF STAY
(In this place)HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

CAMBRIDGE CREEK

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND

CITY (If outside corporate limits write RURAL and give nearest town)
OR
TOWN

AIREY

STREET
ADDRESS

(If rural, give location)

NONE

3. NAME OF
DECEASED:
(Type or Print)(First)
ISAAC

(Middle)

(Last)
WILSON4. DATE
OF
DEATH
1 23 1956(Month)
(Day)
(Year)

5. SEX:

M

6. COLOR OR
RACE:

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify):

Single

8. DATE OF BIRTH:

4-17-1906

9. AGE last birthday:

49

IF UNDER 1 YEAR
Months Days Hours Min.
yrs.10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired):

WATERMAN

10b. KIND OF BUSINESS OR
INDUSTRY:

NONE

11. BIRTHPLACE (State or foreign country):

MARYLAND; DOB.

12. CITIZEN OF WHAT
COUNTRY?

13. FATHER'S NAME:

ISAAC WILSON

14. MOTHER'S MAIDEN NAME:

UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service):

No

16. SOCIAL SECURITY NO.:
217-10-8191

17. INFORMANT & ADDRESS:

LAURA ADAMES

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

18. MEDICAL CERTIFICATION

Immediate cause.

(a)

DUE TO

DROWNING

INTERVAL BETWEEN
ONSET AND DEATH
IMMED.

Antecedent cause(s)

Diseases or conditions, if any. (b)

giving rise to the above cause DUE TO
stating underlying cause last (c)II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING
CAUSE OF DEATH.21b. PLACE (Home, farm, factory,
OF street, office, bldg., etc.)
INJURY

21c. (City or town)

(County)

(State)

Dorch

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY Found 1/30/56 M.21e. INJURY OCCURRED
While at Not while
work at work 21f. HOW DID INJURY OCCUR? Left for work on dredge
boat at 11:30 P.M. 1/22/56. Circumstances of
his falling into creek unknown.22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

SIGNATURE

Alfred R. Maryland

CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM.

DATE SIGNED

1/31/56

23. BURIAL, Cremation, DATE THEREOF
REMOVAL (Specify): Burial January 1956

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

Feb. 1, 1956

REGISTRAR'S SIGNATURE

John D. E.

24. FUNERAL DIRECTOR

John M. Henry

ADDRESS

Cambridge

RECEIVED
FEB 6 1966
BUREAU V. S.
NAME UNKNOWN
ADDRESS UNKNOWN
DATE 1913-01-01
INITIALS I.A.D.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this time, the bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this time, the certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AUSC 1-55 JOM

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00539

536

CERTIFICATE OF DEATH

Reg. Dist. No. 116

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED | | | |
| COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN | | Dorchester MARYLAND | | STATE Maryland | | COUNTY Dor. CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Cambridge | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | 13 LENGTH OF STAY (In this place) entire life | | STREET ADDRESS | | (If rural give location) | |
| 67 Cambridge-Maryland Hospital | | | | R.F.D. 1 | | | |
| 3. NAME OF DECEASED (First) Christopher (Middle) Woodward (Last) | | | | 4. DATE OF DEATH 1 - 3 - 1956 | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | | 8. DATE OF BIRTH 1-1-56 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Cambridge | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13. FATHER'S NAME Charles Woodward | | | | 14. MOTHER'S MAIDEN NAME Joan Wood | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT & ADDRESS Charles Woodward, R.F.D. 1 Cambridge, Md. | | | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 776x IMMEDIATE CAUSE (A) _____ ANTECEDENT CAUSE(S) DUE TO _____ DISEASES OR CONDITIONS, IF ANY, (B) _____ GIVING RISE TO THE ABOVE CAUSE _____ STATING UNDERLYING CAUSE LAST, DUE TO (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | | | | |
| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION | | | |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER) | | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | | 21c. WHERE DID INJURY OCCUR? (City or town) _____ (County) _____ (State) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | | 21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from 1-1-1956 to 1-3-1956, that I last saw the deceased alive on 1-3-1956, and that death occurred at 4:30 P.M. from the causes and on the date stated above. | | | | | | | |
| SIGNATURE <i>W. B. ...</i> ADDRESS (Street, city, town, state) <i>Cambridge</i> DATE SIGNED <i>1-4-56</i> | | | | | | | |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial | | DATE THEREOF Jan. 3, 1956 | | NAME OF CEMETERY OR CREMATORIUM Catholic Cemetery, Secretary, Maryland | | LOCATION (City, town, or county) _____ (State) _____ | |
| 24. REC'D BY REGISTRAR DATE Jan. 3, 1956 | | REGISTRAR'S SIGNATURE <i>John H. O. ...</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Kenneth R. ...</i> | | ADDRESS Cambridge, Md. | |

2067243281

RECEIVED - INDEXED - SERIALIZED - FILED

STATE OF GEORGIA

257

AT 1000

RECEIVED IN THE ATTORNEY GENERAL'S OFFICE

AT 1000

RECEIVED
AT 1000

RECEIVED
AT 1000